



Purchase Voucher

Agency: 529
TEXAS HEALTH AND HUMAN SERVICES COMMISSION

Voucher Number : 01220546

USAS Doc Number :

TCode : AP-225-STD

Origin : ONL

Payee ID/Check/Mail : 1742757919/2/000

Payee Name / Address:

THE HEIDI GROUP
PO BOX 2050
ROUND ROCK, TX 786802050

Freight Amount: \$0.00
Gross Amount (includes Frt.): \$15,869.93
Discount Amt Taken: \$0.00
Payment Amount: **\$15,869.93**


FOLD HERE

Line	PO ID	PCC	RTI	Invoice ID	Invoice Description	AMOUNT
1	0000100178	0		529-16-0102-00053 MAR	529-16-0102-00053 MAR (FY17 - Contract	\$15,869.93
<u>ShipTo ID</u>		<u>Non-HHSAS Cntrct ID</u>		<u>529-16-0102-00</u>		
1326		<u>Contract #</u>		<u>Wkfc</u>	<u>Org PmtDt</u>	<u>IC</u>
		529-16-0102-00053		N		RC
				Invoice DT: 05/18/17		Req'd Pay DT: 05/24/17
				Inv Rec'd DT: 05/18/17		Pay Due DT: 06/17/17
				Service DT: 03/31/17		P O DT:
1.1	Account	Entry Event	Fund	Dept.	Program	Class
	762300		0001	MFPG	1011Q	03150
		<u>Open Item Key:</u>		<u>Budget Ref</u>		<u>Pri/Grant</u>
				2017		GR
				Conf:N		Amount
						\$15,869.93
						Certified Amt: 0.00

Descriptive Legal Text (DLT Comments):

DOS: 032017

I approved this voucher for payment. The above goods or services correspond in every particular with the contract under which they were purchased. The invoice for the goods or services is correct. The payment complies with the General Appropriations Act.

Approved By		Approver Phone(Area+Number)	Date Approved	Date Entered into HHSAS
Approved By		Approver Phone(Area+Number)	Date Approved	Entered By
Contact Name		Contact Phone(Area+Number)		

MAY 19 2017, 05/19/2017

Gonzalez, Maria Gina (ONL UID)

Health & Human Services
Commission
PURCHASE VOUCHER

STATE OF TEXAS

(Shaded areas not used by Agency 529)

Page 1 of 1

1. Archive reference number		2. Agency number 529		3. Agency name Health & Human Services Commission				4. Current document number 01220546	
5. Effective date		6. Original date		7. Original date		8. Doc agency 529			
9. Texas identification number 17427579192000				10. RPT RECEIVED		11. PO# 0000100178		12. Purchase Order number 0000100178	
13. Document amount \$15,869.93				14. Payee name / address The Heidi Group PO Box 2050 Round Rock, TX 78680-2050		15. CSE Code number		16. Lease number	
17. AGENCY USE									
18 SFX 001		BE Doc		IC		RC		FY	
COBJ 7623		ACEN		Amount					
APRN		Fund		Pmt due date		Invoice date		Invoice number / Account Number	
DeptID/Speedchart MFPG		Requested Payment Date 3 days		Interest Control		Reason Code			
Capitol		Tag		AGENCY USE					
18 SFX 001		BE Doc		IC		RC		FY	
COBJ		ACEN		Amount					
APRN		Fund		Pmt due date		Invoice date		Invoice number / Account Number	
DeptID/Speedchart		Requested Payment Date		Interest Control		Reason Code			
Capitol		Tag		AGENCY USE					
18 SFX 001		BE Doc		IC		RC		FY	
COBJ		ACEN		Amount					
APRN		Fund		Pmt due date		Invoice date		Invoice number / Account Number	
DeptID/Speedchart		Requested Payment Date		Interest Control		Reason Code			
Capitol		Tag		AGENCY USE					
19. SERVICE / DEL DATE 03/31/17		20. DESCRIPTION OF GOODS OR SERVICES Reimbursement for services as specified in the contract between Health and Human Services Commission and The Heidi Group. Program: Family Planning Program Contract Term: 1/5/2017 thru 8/31/2017 HHSC Doc # 529-16-0102-00053 Type of Entity: non profit corporation				21. QUANTITY		22. UNIT PRICE	
								23. AMOUNT \$ 15,869.93	
24. VENDOR CERTIFICATION				Phone (Area code and number)				25. Entered by	
Vendor Contact Name Carol Everett				Phone (Area code and number) 512-255-2088					
26. I approve this voucher for payment and certify that the expenses are true, correct and unpaid. (1) The goods and services covered by the document comply with the requirements of the contracts under which they were purchased; and (2) The Invoices for the goods and services are correct. This payment complies with the General Appropriations Act.									
Agency contact/preparer SIGN HERE				Printed Name				Phone (Area code and number)	
Agency Approver SIGN HERE Kim Relph				Printed Name Kim Relph				Phone (Area code and number) 512-776-6443	
								Date 5/18/2017	

Form 4116 02/2015

Handwritten: 5/19/17

**Texas Health and Human Services Commission
Form B13X**

Agency Name: The Heidi Group

Supporting Schedule for DSHS Family Planning Reimbursement Vouchers

	Column A	Column B	Column C																														
1	"B" Date-month and year. "C" Total Allowable Cumulative Family Planning Expenses Incurred For All HHSC Family Planning Eligible Client Services (Do not include the value of in-kind contributions; report this amount on line 16.)	Mar-17	93,563.62																														
2	Program Income (Cumulative):																																
3	HHSC Family Planning fee-for-service Reimbursements from TMHP	422.65																															
4	Program Income From Patient Co-Payments and Client Donations	0.00																															
5*	Sub Total - Program Income →→→→		422.65																														
6*	Gross Cumulative HHSC Family Planning Reimbursable Expenses		93,140.97																														
7	HHSC Share of the Family Planning Categorical Contract	2,550,000.00																															
8*	Non HHSC Funding Expended – If Column C Line 6 is greater than Column B Line 7, then C6 - B7 = C8. Otherwise, Column C Line 8 will be zero.		0.00																														
9*	Net Cumulative HHSC Family Planning Reimbursable Expenses		93,140.97																														
10	Less: Gross Reimbursements Requests Previously Submitted to HHSC (Cumulative)		77,271.04																														
11*	Gross Reimbursement Requested this Voucher		15,869.93																														
12	Less: Amount to Apply to Advance Reduction (if any)		0																														
13	Less: Refunds or Other Adjustments (if any)		0																														
14*	Net Reimbursement Requested this Voucher (Negative amount at end of contract term indicates a refund to HHSC)		15,869.93																														
15*	Total Cumulative Non HHSC Funding Expended (This amount must be the same as the Cumulative Non-HHSC Funding on the Quarterly FSR).		0.00																														
16	Total Cumulative Value of In-Kind Contributions																																
ADVANCE REPAYMENT RECORD																																	
17	REPAYMENTS MADE THRU VOUCHER REDUCTION	Amount of advance received (if any)																															
18	<table border="1"> <thead> <tr> <th>MONTH</th> <th>AMOUNT</th> <th>MONTH</th> <th>AMOUNT</th> <th>MONTH</th> <th>AMOUNT</th> </tr> </thead> <tbody> <tr> <td>April</td> <td></td> <td>Aug</td> <td></td> <td>Dec</td> <td></td> </tr> <tr> <td>May</td> <td></td> <td>Sept</td> <td></td> <td>Jan</td> <td></td> </tr> <tr> <td>June</td> <td></td> <td>Oct</td> <td></td> <td>Feb</td> <td></td> </tr> <tr> <td>July</td> <td></td> <td>Nov</td> <td></td> <td>March</td> <td></td> </tr> </tbody> </table>	MONTH	AMOUNT	MONTH	AMOUNT	MONTH	AMOUNT	April		Aug		Dec		May		Sept		Jan		June		Oct		Feb		July		Nov		March			
MONTH	AMOUNT	MONTH	AMOUNT	MONTH	AMOUNT																												
April		Aug		Dec																													
May		Sept		Jan																													
June		Oct		Feb																													
July		Nov		March																													
19*	TOTALS	0.00	0.00	0.00	0.00																												
20*	Balance of Advance Owed to HHSC			0.00																													

* = Indicates a built in calculation. Do not change formulas.

I certify that to the best of my knowledge and belief that the information contained in this report is correct and complete.

Signature of Authorized Certifying Official (Original signature not necessary)	5/17/2017
Carol Everett, CEO for The Heidi Group	Telephone (512) 255-2088

This completed form must be submitted with each reimbursement voucher (Form B-13) and Quarterly Financial Status Report

Health & Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms N/A, Service, Pick-up, N/A, DO NO	Ship Via N/A, DO NO	Purchase Order 52900-7-0000100178
If advertised by informal bid, Invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			Date 03/20/2017
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 1
			Ship To: Contract Oversight & Support HEALTH & HUMAN SERVICES COMMISSION 1100 W 49th St PO Box 149347 Ste M550 Austin TX 78756 United States

Vendor: 1742757919
THE HEIDI GROUP
PO BOX 2050
ROUND ROCK TX 786802050

Bill To: Health & Human Services Commission
Mail Code: 3500
4900 N. Lamar Blvd, 5th Floor
Austin TX 78751
United States

Purchaser: Jackson, Stefanie D (PCS) 512-406-2468

Line-Sch	Inventory Item ID - Line Description	Class-Item	Quantity UOM	PO Price	Extended Amt	Due Date
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Terms and Conditions are attached.

HCATS Contract # 529-16-0102-00053
HHSAS Contract # 529-16-0102-00053

This purchase order is issued in accordance with Texas Government Code, Section 2155.144 and Title 1, Texas Administrative Code, Chapter 391. TAC 391.205 (b)(5) Enrollment Contract

Confirmation order DO NOT DUPLICATE

Vendor Information: The Heidi Group dba Wellness Coalition

Agency Contact: Camille Laosebikan
Phone: (512) 776-3561
Email: Camille.Laosebikan@hhsc.state.tx.us

HHS-PCS Purchasing Contact: Stefanie Jackson
Phone: (512) 406-2468 Fax: (512) 406-2688
Email: stefanie.jackson@hhsc.state.tx.us

This contract is subject to cancellation, without penalty, either in whole or in part, if funds are not appropriated by the Texas Legislature. GSC Procurement Manual, pg 1, section 2.57.

HHSC or the agency does not commit to ordering specific quantities of service/goods or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those services actually ordered and received by the agency. Any funds not utilized by 8/31/17 are automatically cancelled.

Client Purchase/Stock BEST VALUE
PCC EX/0 Requisition # 2000165385
Non-Competitive: Enrollment
01/05/2017-08/31/2017 with two additional two-year terms

1- 1	FY17 - Contract 529-16-0102-00053 with The Heidi Group to provide women's health and education services to the people of Texas for the Family Planning program in HDIS. Term 01/05/2017 thru 08/31/2017. Contract amount \$5,1000,000.00	1.00 LOT	2,550,000.00000	2,550,000.00	03/20/2017

952-58

Schedule Total 2,550,000.00

Contract ID: 529-16-0102-00053

Contract Line: 0

Release: 0

Item Total for Line 1 2,550,000.00

Health & Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms N/A, Service, Pick-up, N/A, DO NO	Ship Via N/A, DO NO	Purchase Order 52900-7-0000100178
If advertised by informal bid, Invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed <u>numbered purchase order requirements</u> . All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Date 03/20/2017 Revision 2 Page 2
Ship To: Contract Oversight & Support HEALTH & HUMAN SERVICES COMMISSION 1100 W 49th St PO Box 149347 Ste M550 Austin TX 78756 United States			
Bill To: Health & Human Services Commission Mail Code: 3500 4900 N. Lamar Blvd, 5th Floor Austin TX 78751 United States			

Vendor: 1742757919
 THE HEIDI GROUP
 PO BOX 2050
 ROUND ROCK TX 786802050

Purchaser: Jackson, Stefanie D (PCS) 512-406-2468

Line-Sch	Inventory Item ID - Line Description	Class-Item	Quantity UOM	PO Price	Extended Amt	Due Date
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Total PO Amount

2,550,000.00

No substitutions or cancellations are permitted without prior approval by Health & Human Services Commission. If contractor fails to deliver by promised delivery date (or reasonable time thereafter) or fails to meet requirements, Health & Human Services Commission reserves the right to purchase elsewhere and charge an increased cost and handling to contractor.

Overshipments will not be accepted unless authorized by Buyer prior to shipment. The dispute resolution process provided for in Chapter 2260 of the Texas Government Code must be used by the Health & Human Services Commission and Contractor to attempt to resolve all disputes arising under the contract.



Negron,Elizabeth (HHSC)

From: Relph, Kim H (HHSC)
Sent: Thursday, May 18, 2017 3:27 PM
To: HHSC AP
Subject: Voucher Approval - FamPlan - The Heidi Group 032017 REVISED
Attachments: B13X HHSC March 2017 CC.xlsx; March 2017 FPP HHSC Purchase Voucher FY17 - FP CC.xls

This voucher is coded and approved for encumbered payment. Thank you.

Kim Relph, Contract Specialist
Health & Human Services, Austin TX
Medical & Social Services Division
Health, Developmental & Independence Services
Family & Social Svcs/Women's Hlth & Education Svcs
Mail Code 1326 - Morton Building, M-383
phone: 512-776-6443

From: HTW Billing [mailto:htwbilling@heidigroup.org]
Sent: Thursday, May 18, 2017 10:51 AM
To: Relph, Kim H (HHSC) <Kim.Relph@hhsc.state.tx.us>
Cc: Wanda Hardy <Wanda@heidigroup.org>; FPP Billing <fppbilling@heidigroup.org>; Carol Everett <ce@heidigroup.org>
Subject: Voucher Approval FPP March - The Heidi Group

Good Morning Kim,

Please disregard the B13X for March 2017 sent yesterday. The attached March B13X form has been corrected and will replace what was sent yesterday. The HTW Fee-For-Service Reimbursements from TMHP were reported in error at the amount of \$1,966.10; however, those funds were not received until May 15th. The Heidi Group will report these funds on the May B13X.

Thank you for your help and understanding,

(512) 255-2088 |
www.heidigroup.org

cc'd Carol Everett

Negron,Elizabeth (HHSC)

From: Relph, Kim H (HHSC)
Sent: Thursday, May 18, 2017 3:30 PM
To: Negron, Elizabeth (HHSC)
Subject: FW: Voucher Approval - FamPlan - The Heidi Group 032017

I just sent a revised March voucher. Please don't pay the one that was attached to this email. Thank you.

Kim Relph, Contract Specialist
Health & Human Services, Austin TX
Medical & Social Services Division
Health, Developmental & Independence Services
Family & Social Svcs/Women's Hlth & Education Svcs
Mail Code 1326 - Morton Building, M-383
phone: 512-776-6443

From: Negron, Elizabeth (HHSC)
Sent: Thursday, May 18, 2017 3:25 PM
To: Relph, Kim H (HHSC) <Kim.Relph@hhsc.state.tx.us>
Subject: Message Recall Failure: Voucher Approval - FamPlan - The Heidi Group 032017

Your message

To: HHSC AP
Subject: Voucher Approval - FamPlan - The Heidi Group 032017
Sent: 5/18/2017 3:24 PM

cannot be recalled on 5/18/2017 3:25 PM.